

Opportunities for Alignment and Integration

Lessons Learned from Massachusetts's
Determination of Need (DoN), Community
Health Initiative (CHI) Program

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Why this project and Why now?

Convergence of two issues that MDPH is working to understand and address:

1. The changing face of health care and associated implications for community health
2. The role and structure of community coalitions in supporting public health priorities and initiatives

What is a DoN?

- Regulation: available, accessible healthcare service
 - Established by the Legislature in 1971
- Applicants: healthcare facilities adding new technology, substantial capital expenditure or change in service
- Approval: Public Health Council

Factor 9 of the DoN Regulations

“Community Health Initiative”

- Applicants are required to contribute to community health initiative (CHI)
- 5% of their maximum capital expenditure (MCE)
- Usually contributed over 5-7 years
- Payable at the time of project implementation or upon Public Health Council approval
- DPH has never waived the CHI

CHI Program: Purpose

- Foster collaborations between applicants (hospitals/health care institution) and community partners to:
 - Improve health status of vulnerable populations
 - Build community capacity to address the social determinants of health
 - Community partners historically defined through Community Health Network Area's (CHNA)

DoN and Community Benefits

- Two completely separate (historically) processes
- Community Benefits
 - Overseen by AG's office
 - Hospitals maintain strict control over the determinations of community benefit
- DoN
 - Overseen by MDPH; applies to all hospitals/health care institutions (not only non-profit)
 - Direct investments outside of hospital system

**THERE IS A MAJOR OPPORTUNITY FOR INTEGRATION
AND MAXIMIZING IMPACT**

Commissioner's Charge

- Is the DoN-CHI program effective?
- How is it functioning and what are the issues between stakeholders (MDPH, hospitals, community coalitions)
- And importantly: what are the opportunities for alignment and integration with the AG's community benefits structure and MDPH's priorities

DoN-CHI Assessment Project

- Followed standard Health Impact Assessment (HIA) Methodology
- Structured around a decision-making process by MDPH: if nothing changes to the operations of the program what will be its' impact?
- All Six Steps of a HIA are being followed:
 - Screening, Scoping, Assessment, Recommendations, **Reporting (current stage)**, Monitoring

Scoping: Issues in the DoN-CHI program

- Method - Conducted 22 guided interviews with key stakeholders from:
 - MDPH
 - Hospital
 - Community (primarily CHNA)
 - Academic (e.g., those with experience in evaluating how hospital systems make community health investments)
- 6 emergent themes

Scoping: Issues in the DoN-CHI program

1. Purpose of the CHI program
 - This Program is Unique/What makes it Unique
 - How should it target investments in the community?
2. Ongoing decision-making dynamics
 - Who is making the ultimate decision of funding allocation?
 - How is the money affecting dynamics between hospitals and the community?
 - What should MDPH's role be?

Scoping: Issues in the DoN-CHI program

3. Geographic context of investments
 - How should differences in CHNA and hospital service areas be approached?
 - How can we align different stakeholder's needs assessments?
 - What should the nature of the relationship between CHI and community benefits be? Population health changes in health care delivery?
4. Setting priorities for funding allocation
 - Should there be better alignment with MDPH priorities? CHAs? Local Health?
 - Can funding better incorporate social determinants of health?

Scoping: Issues in the DoN-CHI program

5. Defining successful CHI programs

- How do we ensure consistency of purpose with sufficient flexibility that allows for innovative funding?
- What types of measures and metrics are appropriate for evaluating CHIs?

6. Alignment/Integration

- How can we align different stakeholder's needs assessments?
- What should the nature of the relationship between CHI and community benefits be? How should CHI investments spur population health changes in health care delivery?

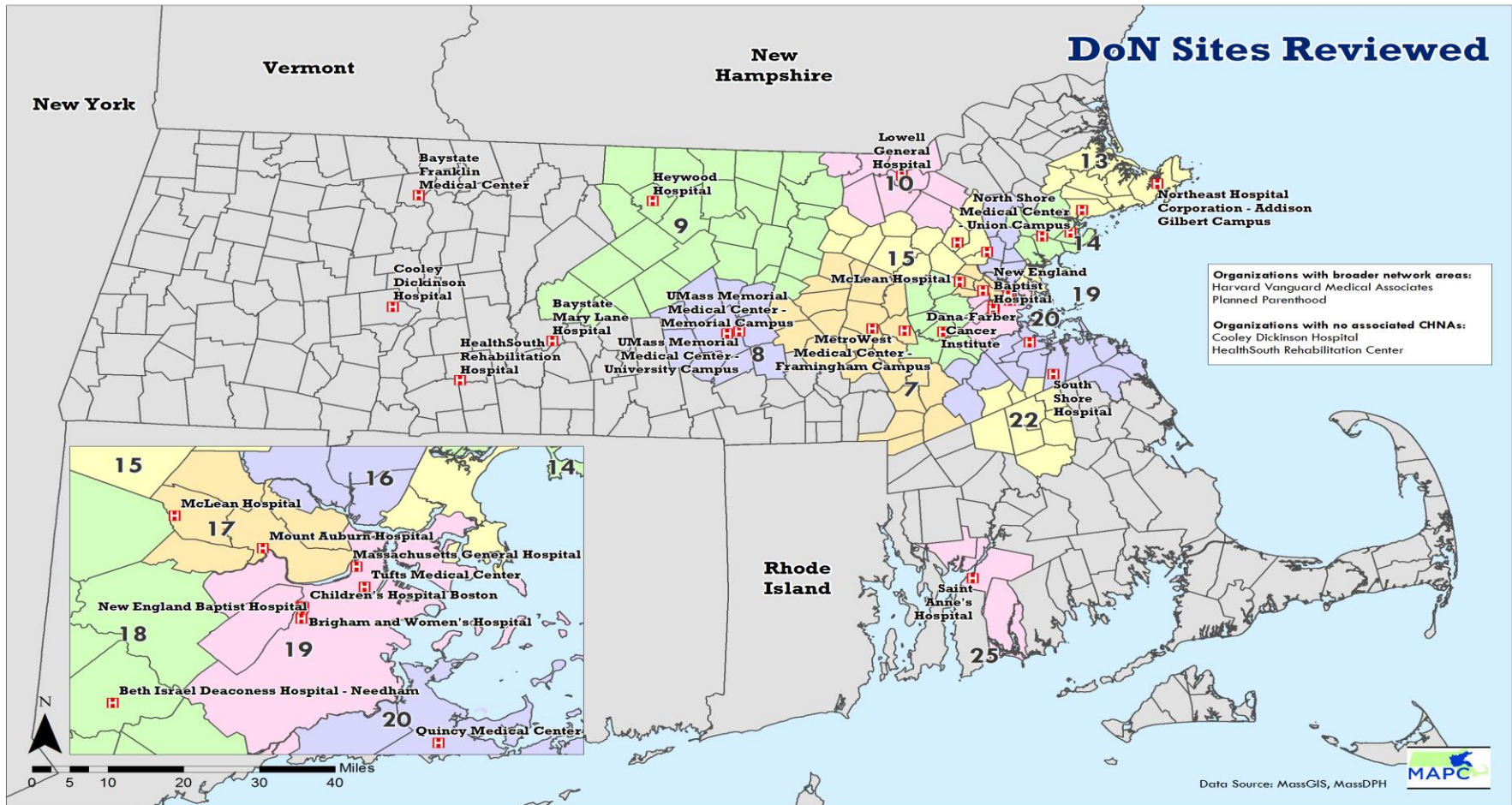
Assessment

- Based on the themes/questions generated through scoping, assessment methods included:
 1. Review of existing documentation from hospital's and Community Health Network Areas (CHNAs),
 2. A quantitative analysis of DoN-CHI investments over the past decade, and
 3. An online survey provided to all hospital and CHNA stakeholders that have implemented DoN-CHI investments from FY2009 forward. The survey focused on questions generated from the themes developed in the scoping phase of the HIA.

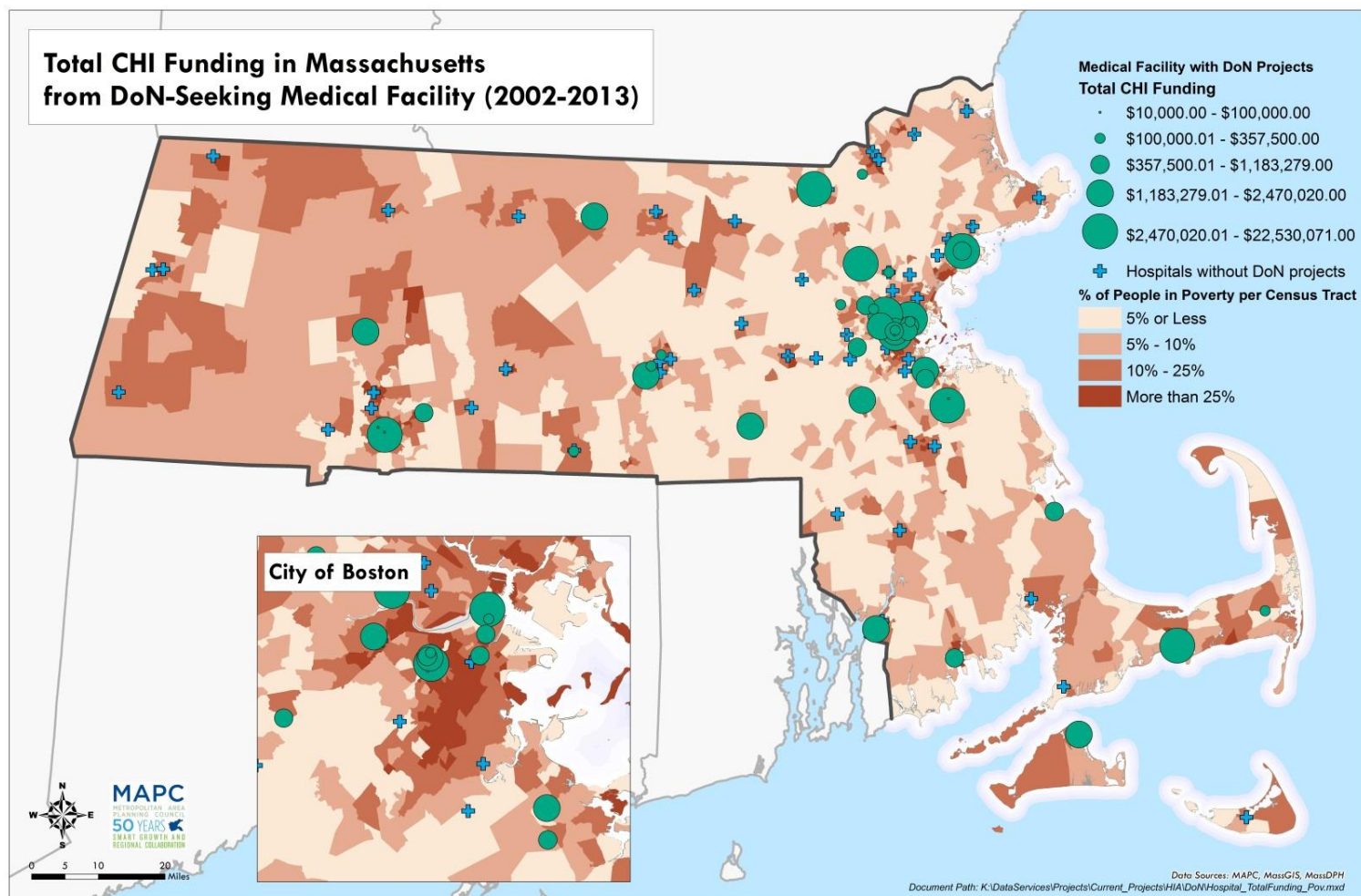
Assessment: Survey and Document Review Methodology

1. Requested survey participation from 42 DoN projects(pool of eligible respondents: 42 total hospital stakeholders, 63 total community stakeholders)
 - 82 Total responses
 - Response Rate:
 - 90% Hospitals (n=38)
 - 70% Community Partners (n=44)
2. Requested available documentation for all DoNs from FY2009 through January 1st, 2013
 - Reviewed documents for 25 sites
 - This included information from both health care organizations and corresponding CHNAs

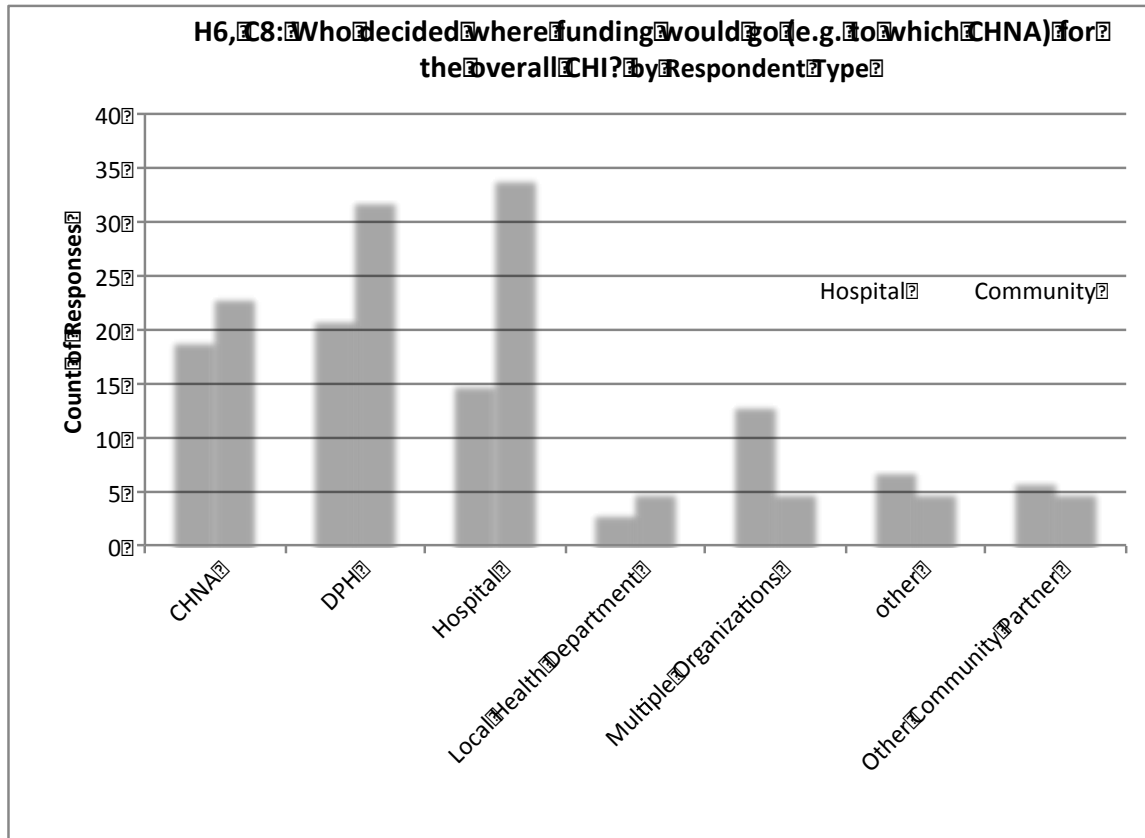
DoN Sites Included in Review



Selected Findings: Where have funds have been allocated?



Selected Findings: Decision-Making Issues



There is disagreement on who is making decisions about CHI funding:

Why might this be?

- Hospitals express concern about being seen as a “blank check”, often “feel like a voice in the corner”;
- Community members expressed that while a hospital has control over AGO’s community benefits they should not have control over CHI funds; that it is appropriate for a hospital to be part of the process but CHNA should have final say.

Selected Findings: how have DoN-CHI's been evaluated/measured?

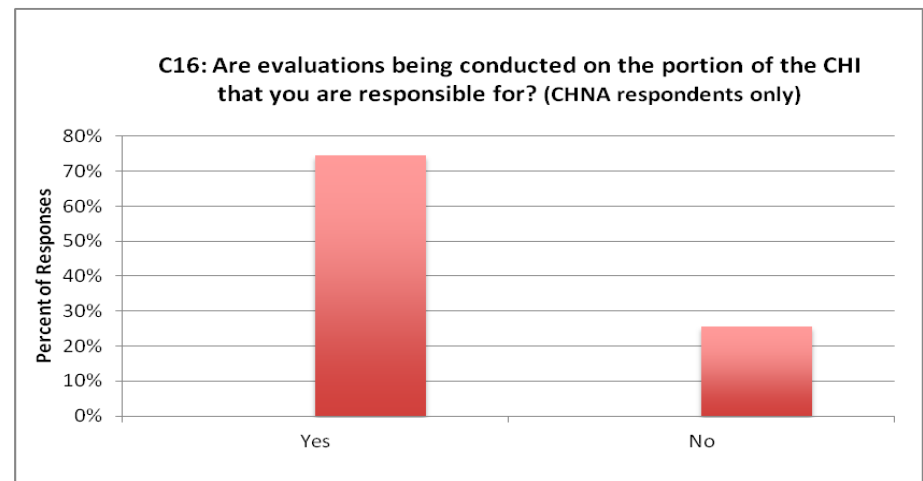
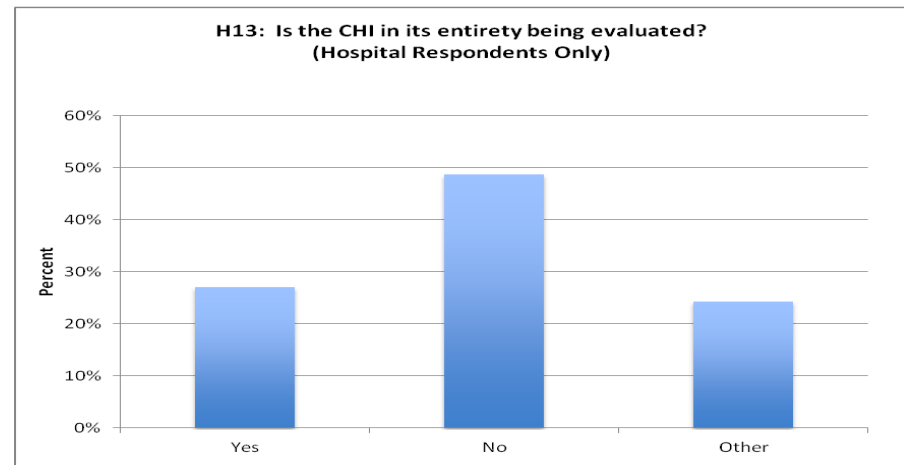
- Examined existing evaluation and measurement tools used by hospitals and CHNAs in document review
 - Accountability is required among grantees at the proposal, interim (progress reports), and final stages of CHI funding
 - Principal focus is on the reach of program and not health determinants or outcomes
 - Primary metric used is “population reached”
 - Additional evaluation methods included:
 - Increase awareness among targeted population
 - Evidence of sustainability

Major takeaway: measurement of community health interventions has been challenging

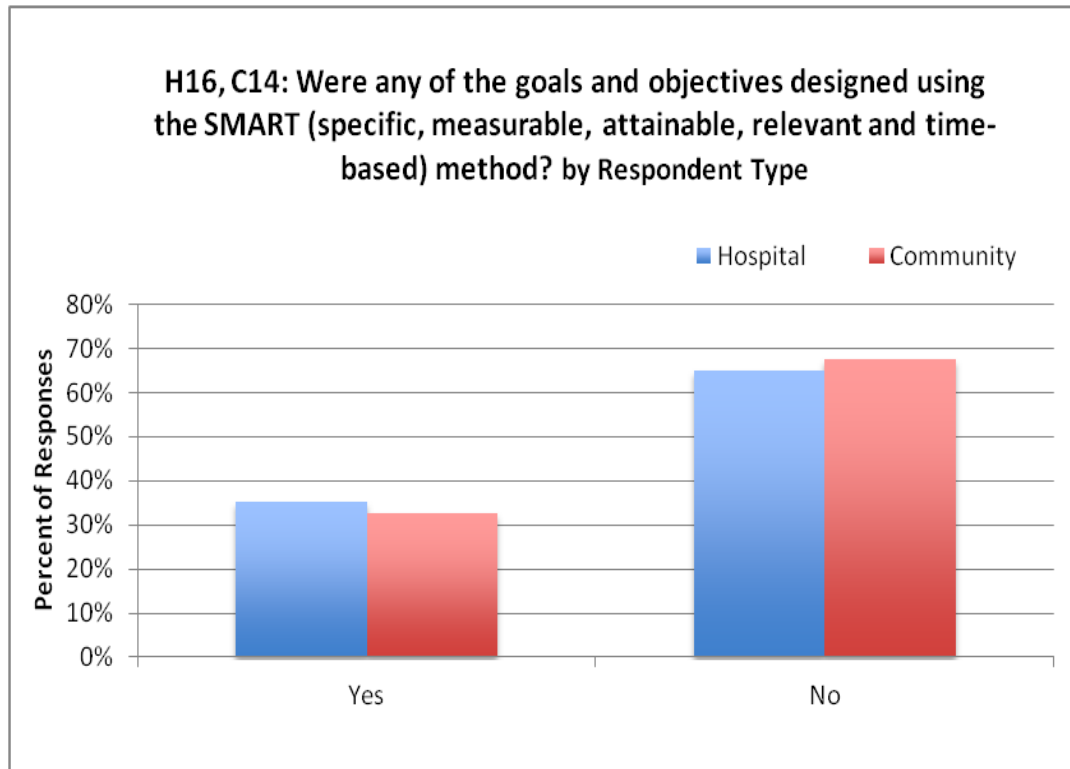
Selected Findings: Evaluation Issues

- In *roughly half of the cases* of **Hospital** respondents, the CHI as an entire investment is not being evaluated

- **CHNAs** however were *very likely* to report that evaluations were being conducted on the portion of the CHI funds that they were responsible for



Selected Findings: Measuring Impact

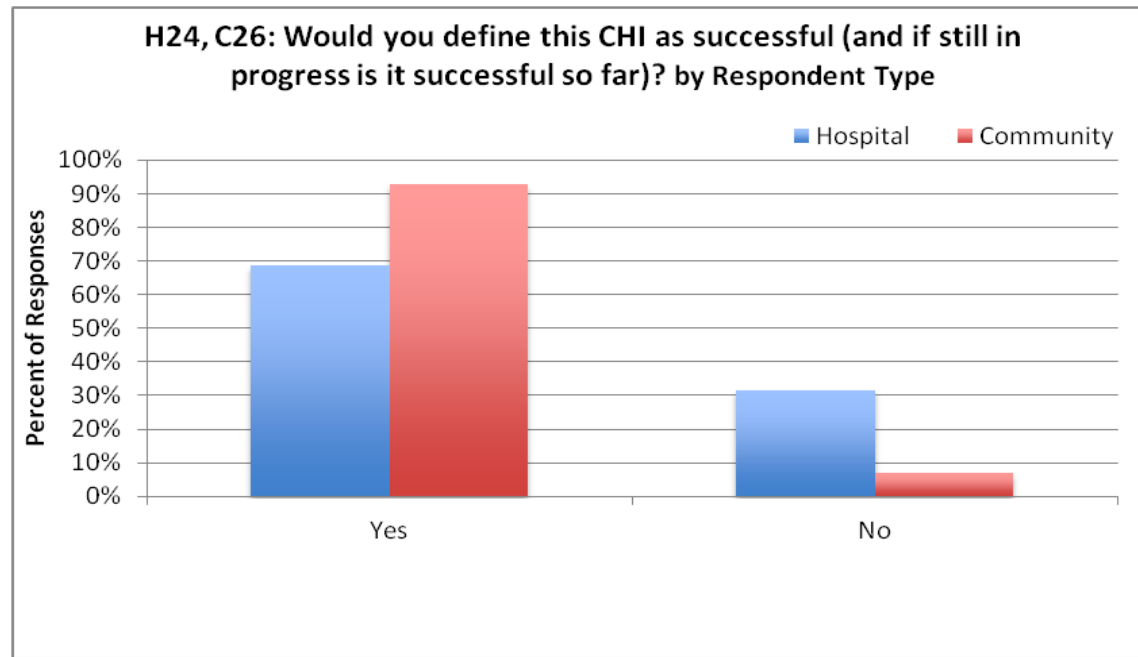


- Goals & Objectives tended NOT to be developed using SMART language

Selected findings: Does the CHI impact health outcomes?

- Respondents of both types mostly reported that the CHI either has or will impact health outcomes; there is some correlation with when the CHI began.
- What did they mean?
 - “measured by increasing program and municipal capacity to conduct public health programming”
 - “Exercise group for seniors to fight osteoporosis. Pre and post program evaluation done with participants”
- Take home: it is apparent there are different understandings of how to measure health outcomes

Selected Findings: Defining Success



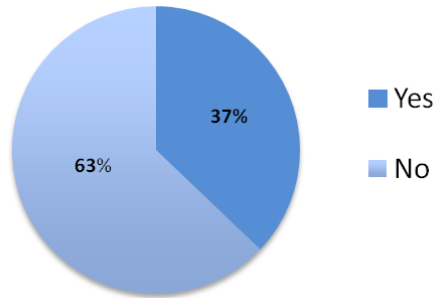
Overall community respondents were more likely than hospital respondents to define the CHI as successful. Why... ?

Selected Findings: Community Benefits, Accreditation & CHIs

- Key informants noted need for better alignment:
 - attorney general, local health through accreditation, state health through accreditation, DoN, CHA, etc
- Both an opportunity & risk
 - Opportunity: metrics and priority settings; unpredictability of DoN/CHI could be tempered by routine community benefit investment
 - Risk: hospitals have control over community benefits, community groups could lose say over investments if everything aligns

Selected Findings: Does the CHI change the way hospitals do business?

Has the CHI changed the way the hospital does business? (Hospital Respondents only)



- **Most said no.**
- **For those who said yes**, typical responses mostly centered around the relationship between the hospital and the community.
 - ❖ “It has enhanced our community collaboration. It has also helped us better represent our community.”
- **For those that said no**, responses were either of the nature that the CHI program functions entirely separately from the rest of the hospital or that it is already the direction in which the hospital is moving.
 - ❖ “The CHI complements the way the hospital does business”
 - ❖ “We were already working towards goals that are compatible with the CHI”
 - ❖ “Hospital initiatives remain largely separate from CHNA activities”

Don-CHI: Vision

- The DoN-CHI program should facilitate a “commitment to transformation”* as hospital/health care systems shift to a population health focus. Committing to transformation requires hospitals to engage authentically with the community in pursuit of opportunities for collective impact.
- The DoN-CHI program should focus on investing in public health priorities that address the social determinants of health. No other funding stream is available to systematically push hospital/health care investments to a truly primary prevention focus.
- The DoN-CHI program should address equity issues from both an investment (e.g. where geographically DoN-CHI money is available) and a population specific (e.g. race/ethnicity, socioeconomic status) perspective.
- The DoN-CHI program should be measurable and accountable.

*Public Health Institute (2014) Supporting Alignment and Accountability in Community Health Improvement: The Development and Piloting of a Regional Data-Sharing System (p.26)

Recommendations

- **Key Recommendation #1:** To impact the social determinants of health and to guide hospitals towards a population health focus community coalitions/organizations with the appropriate skills, knowledge and resources need to be identified to lead DoN-CHI funded efforts. **We are recommending that MDPH fundamentally restructure how DoN-CHI funds are used to support coalitions/organizations to achieve this aim**

Recommendations

- **Key Recommendation #2:** The ability to move the needle on population health requires a collective impact approach. DoN-CHI funds should be used to integrate and align organizational requirements and priorities as they relate to two main areas of emphasis for the future: accreditation and the charitable requirements of hospitals known as community benefit.

Recommendations

- **Key Recommendation #3:** DoN-CHI funds should be used to invest in the reduction of geographic, racial/ethnic and socioeconomic inequities.

Recommendations

- **Key Recommendation #4:** The DoN-CHI program must be measurable both locally and system-wide. Accordingly a quality improvement framework should be adopted in the implementation of these recommendations and in the ongoing operation of the program.

Key Resources

- A study and report led by Dr. Kevin Barnett “Supporting Alignment and Accountability in Community Health Improvement: The Development and Piloting of a Regional Data-Sharing System” Public Health Institute (2014)
- A study and report led by Health Resources in Action “Defining Healthy Communities” for the National Network of Public Health Institutes (2013)
- <http://nnphi.org/CMSuploads/SupportingAlignmentAndAccountabilityInCommunityHealthImprovement.pdf>
- http://hria.org/uploads/catalogerfiles/defining-healthy-communities/defining_healthy_communities_1113_final_report.pdf